

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	15 June 2018																					
Officer	Eugene Yafele, Chief Operating Officer, Dorset HealthCare University NHS Foundation Trust																					
Subject of Report	Dorset HealthCare University NHS Foundation Trust Care Quality Commission (CQC) Inspection Outcome Report																					
Executive Summary	<p>This paper presents and outlines the Care Quality Commission (CQC) 2017 inspection outcome report findings for the Dorset HealthCare University Foundation Trust.</p> <p>The Trust's overall rating has improved from 'required improvement' to 'good' and ratings for each domain are shown below:</p> <table border="1"> <thead> <tr> <th>Domain</th> <th>Rating</th> <th>Change</th> </tr> </thead> <tbody> <tr> <td>Safe</td> <td>Requires improvement</td> <td>↔</td> </tr> <tr> <td>Effective</td> <td>Good</td> <td>↑</td> </tr> <tr> <td>Caring</td> <td>Good</td> <td>↔</td> </tr> <tr> <td>Responsive</td> <td>Good</td> <td>↑</td> </tr> <tr> <td>Well-led</td> <td>Good</td> <td>↑</td> </tr> <tr> <td>Overall rating</td> <td>Good</td> <td>↑</td> </tr> </tbody> </table> <p>One of the big successes was a positive shift from 'good' to 'outstanding' for child and adolescent mental health wards, referring to our Pebble Lodge unit in Bournemouth. Inspectors found that staff had gone beyond what was required and were clearly focussed on wellbeing and recovery of young people. They were working with children and young people to create meaningful care plans and emphasising young people being part of the community.</p>	Domain	Rating	Change	Safe	Requires improvement	↔	Effective	Good	↑	Caring	Good	↔	Responsive	Good	↑	Well-led	Good	↑	Overall rating	Good	↑
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Overall rating	Good	↑																				

Dorset HealthCare – CQC Inspection Outcome

	<p>The inspection of core services was followed by the well-led inspection which took place from 4 to 8 December 2017.</p> <p>The CQC report noted that the senior team had led a very effective programme of improvement which had resulted in the majority of issues previously found being addressed.</p> <p>They saw evidence of excellent leadership at all levels across the trust with many dedicated, compassionate staff who strive to deliver the very best care for patients.</p> <p>Many staff who spoke with the CQC inspectors expressed pride in working for the trust and felt they are valued and able to raise concerns freely and without fear of retribution in what they felt is an atmosphere of openness.</p> <p>The final report was published on 13 April 2018.</p>
Impact Assessment:	Equalities Impact Assessment: N/A
	Use of Evidence: Report provided by Dorset HealthCare University Foundation Trust.
	Budget: N/A
	Risk Assessment: Current Risk: LOW Residual Risk: LOW
	Outcomes: N/A
	Other Implications: N/A
Recommendation	That the Dorset Health Scrutiny Committee note and comment on the content of the report.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to ensure that Dorset's citizens are safe and healthy.
Appendices	Appendix 1 Core Service Inspection Ratings by Domain
Background Papers	None.
Officer Contact	Name: Eugene Yafele, Dorset HealthCare University NHS FT Tel: 01202 277127 Email: eugene.yafele@nhs.net

CQC Inspection Outcome Report

1. BACKGROUND

- 1.1 During 2017/18 the Care Quality Commission (CQC) changed the way they carry out inspections now that all Trusts have received a comprehensive inspection. Using information gathered from external data sources, and data submitted by the Trust, CQC will inspect certain core services followed by an inspection of 'well led' at trust level. It is intended this will be an annual process once established and selected core services will be inspected against the five domains of quality:
- Are services safe?
 - Are services effective?
 - Are services caring?
 - Are services responsive to people's needs?
 - Are services well-led?
- 1.2 On 4 August 2017 the Trust received a formal request to complete a routine provider information return (PIR) and were informed that whilst this request may not be the same every year, it would be an annual return.
- 1.3 The PIR was in the form of three workbooks, a universal workbook and one each for community and mental health services. They contained a mix of quantitative and qualitative questions as well as a list of documents to be submitted. The trust was required to submit the completed workbooks and documents requested by 25 August 2018.
- 1.4 Between 13 and 17 November 2017, the CQC carried out planned inspections of 8 core service areas:
- Acute wards for adults of working age and Psychiatric Intensive Care Unit (PICU)
 - Crisis and health based place of safety (HBPoS)
 - Learning disability services
 - Community-based mental health services for adults of working age (Adult CMHT)
 - Community-based mental health services for older people (CMHT OP)
 - Community health inpatient services
 - Community health services for children, young people and families
 - End of life care services
- 1.5 The inspection of core services was followed by the well-led inspection which took place from 4 to 8 December 2017.
- 1.6 The draft report was received on 27 February 2018 for review by the Trust and we had an opportunity to make any comments about factual accuracy. The final report was published on 13 April 2018. The structure of the reports has changed to be more succinct and we now receive one report which includes an overarching summary and then detail about each core service and the well led domain.

2. CQC FINDINGS

2.1 The CQC found that there are breaches of three regulations in four core services resulting in nine actions that we must take, and there are 36 should do actions. The ‘should do’ actions are areas for improvement but do not represent a breach in regulations.

2.2 The three regulations we are found to be breaching and the core services they relate to are shown in the table below.

REGULATION	ISSUES FOUND	SERVICES BREACHING
Regulation 12 HSCA (RA) Regulations 2014: Safe care and treatment	<ul style="list-style-type: none"> • The provider must ensure theatre staff comply with the World Health Organisation “Five Steps to Safer Surgery” checklist. • The provider must ensure anesthetic staff comply with the “stop before you block” requirement before inserting the anesthetic block needle. • The provider must ensure that the risks to the health and safety of patients detained under section 136 are adequately assessed and mitigated. 	<ul style="list-style-type: none"> • Community health inpatient services • Mental health crisis services and health based places of safety
Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014: Premises and equipment	<ul style="list-style-type: none"> • The provider must take steps to ensure that risks with the environment, including ligature risks, are effectively mitigated. • The provider must address the safety issues presented with sharing bedrooms. • The provider must ensure that the premises used for people detained under section 136 are fit for the purpose and used in a safe way. 	<ul style="list-style-type: none"> • Acute wards for adults of a working age and psychiatric intensive care units • Mental health crisis services and health based places of safety
Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014: Staffing	<ul style="list-style-type: none"> • The provider must ensure staff receive regular clinical supervision, appropriate to their role. • The provider must ensure that they provide sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people requiring and using the service at all times. • The provider must ensure that staff maintain accurate, complete and detailed records of crisis plans and care plans for each child or young person using the service that documentation is stored consistently in the electronic notes system 	<ul style="list-style-type: none"> • Community health inpatient services • Specialist community based mental health services for children and young people

2.3 Ratings are awarded for each core service against each of the 5 domains of quality. These are then aggregated to give a Trust score for each of the domains and an overarching rating. See Appendix 1 for the core service ratings.

2.4 The Trusts' overall rating has improved from 'requires improvement' to 'good' and ratings for each domain are shown below.

Domain	Rating	Change
Safe	Requires improvement	Same
Effective	Good	Improved
Caring	Good	Same
Responsive	Good	Improved
Well-led	Good	Improved
Overall rating	Good	Improved

3. AREAS FOR IMPROVEMENT

Safe

3.1 The safe domain is rated as 'requires improvement' because CQC found that theatres at some of our community hospitals were not using the World Health Organisation's checklist before surgery.

3.2 Safety of the environment on some mental health wards remained an issue and CQC had concerns in relation to the governance and capacity of the county-wide section 136 service. The inspectors felt that there was insufficient staff and capacity to manage more than one or two patients detained on section 136 without using rooms not designed for the purpose.

3.3 Staffing vacancies at some of the services were felt to have contributed to higher staff caseloads for a small number of specialist community mental health services. This meant that long waiting times from assessment to treatment continued to occur. Access to some specialist treatments such as speech and language therapy was, on occasion, delayed due to staff shortages in the community mental health services for people with learning disabilities or autism.

Effective

3.4 CQC felt there was a lack of therapeutic input on one of the acute mental health wards. While the wards had a good timetable of activities, the activities available were generally recreational and did not support patients' recovery to their fullest potential.

3.5 The inspectors found variation in the quality of care plans and patient records across services. Care plans at some of the services inspected contained insufficient patient information, while others were not written in a sufficiently person-centred style to reflect the involvement of patients in planning their own care.

Responsive

- 3.6 CQC reported concerns over the way serious incidents are investigated and thought there was a lack of consistency in the documentation of investigations into serious incidents. While some investigations had identified clear root causes to incidents and then appropriate learning drawn from detailed recommendations, other investigations had not. The trust reviews these incidents at a weekly serious incident panel which is jointly chaired by the Director of Nursing, Therapies and Quality and the Medical Director.
- 3.7 The team involved in the incident attend the panels where the investigation findings and the learning are discussed. These meetings are not minuted to enable participants to feel they can speak freely. Staff across the organisation reported to the inspection team that there is openness and transparency about safety and continual learning is encouraged. Staff reported that they felt supported to report incidents and near misses.
- 3.8 The trust invited the inspection team to observe a serious incident panel so they could witness the level of scrutiny that takes place and this invitation still stands.

4. AREAS OF GOOD PRACTICE

- 4.1 The CQC report noted that the senior team had led a very effective programme of improvement which had resulted in the majority of issues previously found being addressed. Communication across the Trust had improved with the Board and senior managers being more visible to staff. There was noticeable improvement in the culture across the Trust with increased openness and transparency and a clear desire in staff at all levels to learn and improve.
- 4.2 The CQC report states that the trust's senior leadership team have the skills, knowledge, experience and integrity necessary for successfully overseeing a large, complex organisation. They saw evidence of excellent leadership at all levels across the trust with many dedicated, compassionate staff who strive to deliver the very best care for patients.
- 4.3 The inspectors saw a clear focus on supporting both the physical and mental health of patients, regardless of whether the service they were accessing was primarily for their physical or mental health needs. Staff found innovative ways to enable people to manage their own health and care.
- 4.4 Pebble Lodge, the child and adolescent mental health ward, was noted as having met all the requirements from the last inspection and the staff had gone above and beyond what was required in making the changes. There was a strong emphasis on young people being part of the community. They raised money for a chosen charity each month and the work they had done with this allowed them to volunteer at certain sites such as a farm. There were universally positive reports about the staff from both children and their parents or carers.
- 4.5 Many staff who spoke with the CQC inspectors expressed pride in working for the trust and felt they are valued and able to raise concerns freely and without fear of retribution in what they felt is an atmosphere of openness. Staff reported that the trust has developed a culture of learning and improvement without apportioning blame.

- 4.6 CQC found that equality and diversity are promoted effectively within the organisation. Trust leads spoke passionately about the work and numerous projects they were involved in to promote equality and diversity. Staff with protected characteristics under the Equality Act told us they felt they were treated equitably, and that the senior team's willingness to engender a multicultural and diverse senior team cascaded positively through the Trust.
- 4.7 There were effective governance systems and processes in place to monitor risk and assure performance and quality across all levels of the organisation. Identified and potential risks were taken into account when planning and operating services.
- 4.8 Managers at every level of the Trust were able to access a good range of up-to-date, detailed, service-specific information and data. The electronic dashboard system allowed managers to see a spread of critical key performance indicators, which supported them in running their services. A newly revised and improved 'integrated corporate dashboard' gave Board members an appropriate level of accessible and pertinent detail about all areas of Trust performance, to allow them to make fully informed decisions. We saw how non-executive directors gave appropriate scrutiny and challenge, during Board meetings, of the information presented through the dashboard.
- 4.9 The Trust had a clear focus on continuous learning and a well-developed programme of improvement and innovation. Services across the Trust had achieved accreditation in their fields or were working towards gaining such accreditation. There was a commitment from the senior team to learn from serious incidents, including deaths, and openness in the manner in which the Trust communicated with families, staff and external agencies following incidents.

5. NEXT STEPS

- 5.1 The core service areas with identified 'must do' and 'should do' actions will develop and implement action plans to address the shortfalls. These action plans will be shared with CQC and progress will be monitored at the quarterly engagement meetings. Internally, progress with the action plans will be monitored by the Trust Board monthly.

6. RECOMMENDATIONS

- 6.1 The Dorset Health Scrutiny Committee is asked to note and comment on the report.

